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ABSTRACT

The use of inhalants is a major health concern among the school-age population. Information presented in this publication dispels the myths about inhalant use and presents common warning signs that alert teachers to a student's use. The short- and long-term effects of inhalant use are described to shed light on the health risks involved. Lesson plans are presented for students in grades K-12 on the themes of warning signs, harmful effects, and common misconceptions about household products. (JDM)

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The CHALLENGE

Safe, Disciplined, and Drug-Free Schools

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The CHALLENGE
SAFE, DISCIPLINED, AND DRUG-FREE SCHOOLS

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FOCUS ON

Inhalants

Inhalant Abuse

By Richard Scatterday, M.D.

Inhalant abuse is a complex and multifaceted form of drug abuse that is a significant threat to the health and well-being of young people.

Among the more common products that can be sniffed to achieve euphoria are glue, gasoline, magic markers, nail polish, room deodorizers, whipped cream containers, cooking spray, turpentine, lighter fluid, typewriter correction fluid, and refrigerant gases.

Inhalant use is attractive to juveniles because the products are cheap, readily accessible, easily concealed, and legal. Inhaled chemicals are absorbed very quickly through the lungs and produce an almost instantaneous high. Users have greater control over the duration of effects and there may be less prominent aftereffects. Children usually start sniffing when they see their friends, siblings, or older neighborhood youths doing it. Sometimes a child will get into a household product and discover its psychoactive effects by accident.

Misconceptions About Inhalant Abuse

Teachers and parents should be aware of several misconceptions surrounding the use of these substances. The first misconception is that inhalant abuse affects only a very small portion of the youth population. Studies conducted over the past several years point to a pattern of abuse that is common among a broad segment of the youth population. In the typical American upper elementary or junior high school classroom, for example, studies suggest that an average of five to six children are likely to have abused inhalants.

While the number of users is substantially fewer for inhalants than marijuana, levels of inhalant use, almost alone among substances of abuse, remained stable even while annual declines were being recorded in the use of other substances. According to findings from the 1993 Monitoring the Future Study, an annual survey of 8th-, 10th-, and 12th-graders, the use of inhalants rose in the past two years at all three grade levels.

Inhalants are unusual, according to researchers who conducted the study, because they are most likely to be used actively in the earlier grade levels. For example, 11 percent of the 8th-graders (one in every nine) reported using an inhalant in the previous year, compared with 8 percent of the 10th-graders and 7 percent of the 12th-graders.

"We don't think that young people fully understand the dangers of inhalants," the researchers said, "perhaps because most of the substances inhaled are common household products...but they definitely can be lethal."

A second misconception is that inhalant abuse is a problem only among poor persons or minorities. In fact, inhalant use occurs among all populations. In some areas middle-class white youth have higher rates of involvement than minority youth.

Viewing inhalant use as a "passing phase" is a third misperception and one which can have deadly consequences. As we will see, severe toxic reactions and even sudden death may occur with only a limited number of exposures to some inhaled substances. In addition, the early age at which many young people begin inhalant use makes it more likely that they will progress to polydrug use, including the use of intravenous drugs with the attendant risk of AIDS.

Effects of Inhalant Use

Inhalants fall into three main categories: aerosol sprays such as hair, paint, and fabric protector sprays; solvents, including correction fluids, markers, and glues; and anesthetics, including ether, chloroform, nitrous oxide, and gases.

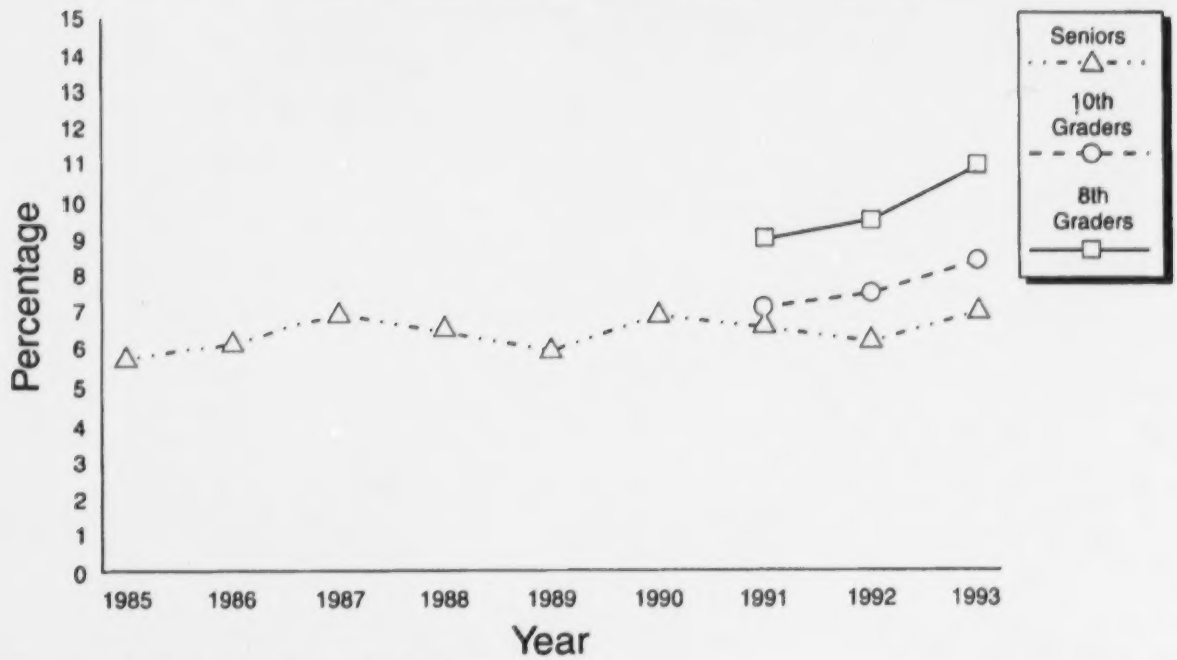
Inhalant Abuse

Although different in make-up, nearly all of the abused, vaporous inhalants produce effects similar to anesthetics and act as central nervous system depressants. At low doses, users may feel slightly stimulated; as doses increase, they may feel uninhibited and out of control; at very high doses, loss of consciousness may occur.

Other specific effects include nausea, headaches, mood changes, altered states of consciousness, hallucinations, dizziness, loss of concentration, confusion, and loss of balance. Sniffing solvents can cause severe damage to the brain, nervous system, liver, kidneys, blood, and bone marrow. By starving the body of oxygen or forcing the heart to beat more rapidly and erratically, inhalants can kill. Fatal poisoning, suffocation, burns, and accidents have all been attributed to inhalant use.

Inhalants, in general, present a more damaging profile of toxic effects than any of the other chemicals frequently abused by teens including marijuana, LSD, cocaine and other stimulants, opiates, and even alcohol. The damaging effects of inhalants are magnified as a result of the early, and developmentally vulnerable, age at which young people begin to use them as well as by the combinations of chemicals. Not only is the

Trends in the Past Year Use of Inhalants by Grade: Seniors (1985–1993) and 10th Graders and 8th Graders (1991–1993)



Source: Monitoring the Future Study, 1993

Warning Signs of Inhalant Abuse

- Drunken appearance. Although the duration of an inhalant high lasts only 10 to 30 minutes, slurred speech, loss of coordination, and bloodshot eyes without the smell of alcohol persist and are clues to use.
- Chemical smell. Abusers' breath, skin, and clothing smell of chemicals.
- Weight loss. Because inhalants suppress appetite, weight loss may be a symptom.
- Rashes or sores around the mouth or nose. Many inhalant abusers may have crusty lesions around the mouth or nose due to the harsh chemicals in the abused products.
- Flu-like symptoms. Inhalant users often complain of headaches, nausea, runny nose, coughing, and may even experience a loss of consciousness.
- Lack of attention. Most abusers demonstrate difficulty in staying awake, even if they have had sufficient sleep. The ability to concentrate is also severely affected by inhalants, and users' performance in school or on the job declines significantly.
- Paraphernalia. Abusers often keep a stash of inhalant products in the bathroom or bedroom. Soda cans that contain something other than soda, plastic bags, rags, and old socks that smell of chemicals should also be warnings that a child is abusing inhalants.

Prepared by the American Council for Drug Education, 204 Monroe Street, Rockville, Maryland 20850.

principal chemical in each of the commonly abused commercial products highly toxic, it is also usually combined with a large number of other chemicals, each of which acts as a systemic poison.

These chemical combinations produce effects that are at least additive, and in many cases, greatly expanded. Even minor ingredients and impurities, rarely referred to in labeling and product information, have been known to cause permanent neurologic damage and death.

Inhalant abuse rarely involves a single product. More often, users combine products, often with other addictive drugs as well. The multiple effects of all of these substances and the massive concentrations of volatile chemicals inhaled increase the likelihood of toxic damage to developing vital organ systems such as the brain, heart, reproductive tissues, and other organs. In some cases, chemical concentrations in excess of one thousand times the established limit of safe human exposure have been documented.

Inhalants are second only to alcohol in the rate of death among youthful abusers. These deaths are not always a product of long-term use. A British study found that one of five youths who died using inhalants did so the first time they tried the substances.

What Schools Can Do

Prevention of inhalant abuse and early identification of users can make an important contribution to improving the overall health of young people. Here are some suggestions for actions your school can take.

- Monitor students' access to abusable substances in the school setting such as markers, glues, paint products, and typewriter correction fluid.
- Share with colleagues information about the hazards of inhalant use and make them aware of the early age at which children begin to use these substances.
- Be alert to signs of inhalant use by students in the classroom or on school grounds.
- Incorporate information about inhalant abuse in drug prevention curricula.
- Make parents aware of the hazards, signs, and symptoms of inhalant abuse.
- Identify appropriate intervention and referral services for young people who may be using inhalants.
- Encourage the development of student support groups for those who may need them.

Richard C. Scatterday is a physician with Teen Care of Irving, Texas, and a noted authority on inhalant abuse.

Need More Information?

See page 19 of this issue for resources and other information about inhalant abuse available from the National Clearinghouse for Alcohol and Drug Information. Use the order form to receive materials on this and other drug prevention topics for your classroom.

Pages 5–12 contain lesson plans that are designed to help students learn about the dangers of inhalant use. Be careful not to stimulate curiosity about these substances, particularly on the part of younger children who may not know about specific household products which are used in this fashion. Discussion should emphasize that products are designed for a specific purpose and they can be dangerous when used in unintended ways. The use of these lessons is voluntary.

K–3 Lesson Plan

What Is an Inhalant?

Objective:

To learn about substances that are widely available and have the same properties and dangers of more well known illicit and illegal drugs. To know that "inhalant" is the name for these substances.

Background:

Children in the K–3 age range usually have little experience with drugs. They may have seen references to them on television or heard drugs discussed in school or in their neighborhoods. Parents and other adults often want to shelter children from the problems associated with drugs, thinking that "what they don't know won't hurt them." Often, adults may simply think children are too young to need warning about drugs. The danger of this approach is that children may unwittingly become involved with drugs, particularly inhalants, which tend to be common household substances. Even many adults are not aware of the danger of these substances. Children of this age are very sensitive to anything that "hurts" their bodies. They need to understand that inhaling substances to get "high" is dangerous, and they should know the names and categories of some of these substances as well as the manner in which individuals inhale them.

Activities:

Using large pieces of paper and big pencils and crayons, have students draw their outlines (you may have students lie down on the paper and have another student draw an outline on the paper). Using the outline drawings, have students write, draw, or use cutout pictures of things that they can safely put in their bodies such as fruits, vegetables, lean meats, proteins, and ice cream, and place them on one side of the drawing. On the other side, have them write or draw or use cutout pictures of things that they should not put in their bodies, such as alcohol, tobacco, and inhalants like hair spray and glue. The drawings may be displayed in the classroom or in the hallway of the building. As students learn more about things which should and should not be placed in their bodies, they can add them to the drawings. Reinforcement of the message of this lesson should be done on a regular basis throughout the year.

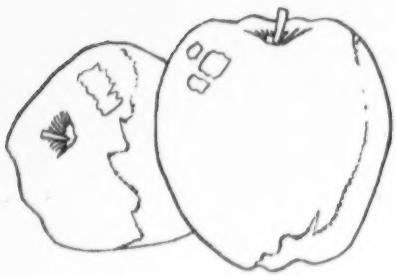
Resources:

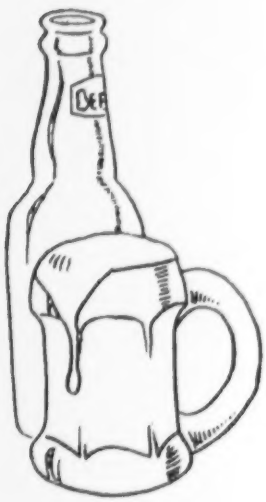
For this lesson, it will be necessary to have large pieces of paper, crayons, pencils, magazines to be used for cutting out pictures, and some simple food words on the chalkboard such as apples, peaches, hamburger, and fish. The names of inhalants such as hair spray, glue, and correction fluid should also be on the board.

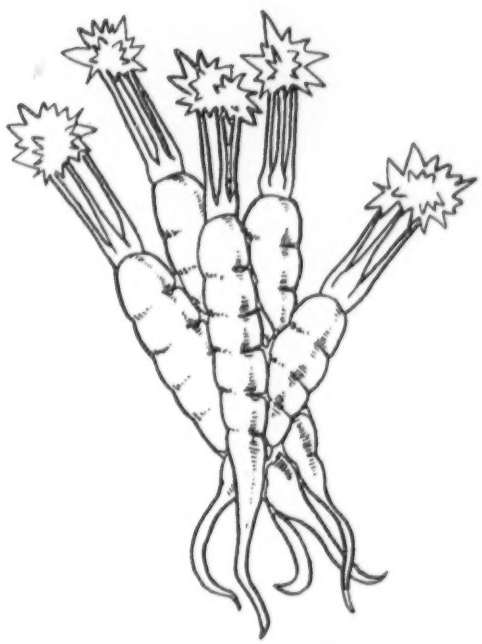
Teacher Tips:

This lesson is designed to build on the fact that children of this age are very interested in their bodies and, in particular, they are interested in growing up and becoming healthy and fully functioning adults. It is very important that they understand that seemingly simple things like glue or hair spray taken into their bodies through inhaling the fumes can cause serious damage and interfere with their growth. This lesson is designed to inform. It should not cause the children to become fearful.

Healthy Me!







4–6 Lesson Plan

Saying No to Danger!

Objective:

To understand that students need to be aware of dangerous situations in which they may put themselves and consciously choose to say "no" to danger.

Background:

Students of this age believe themselves to be invincible. They feel that nothing can really harm them. Caught in the middle of still believing that the world revolves around them and that they can make the world be the way they want it, they tend to be big risk takers. Whether it be climbing higher, dodging in and out of traffic on bikes and roller blades, eating nothing but junk food, or experimenting with illegal and illicit substances, they tend to believe that nothing bad will ever really happen to them. Therefore, trying new things is a part of their everyday life and generally is done impulsively without much thought, planning, or consideration of the outcome. Health and physical education classes for this age should be focusing on how to do things right—how to warm up and cool down properly when exercising, what equipment is essential for various sports, how to avoid contagious diseases, and what foods contribute to health and longevity. These same classes also need to focus on avoiding hazards and dangers that could produce injury, damage, and threaten life itself. Substances such as glue, hair spray, and typewriter correction fluid may not be seen as dangerous or problematic at all by these youth. With the increasing awareness that inhalants often function as gateways to other drug use and that they can do serious damage to growing/developing bodies and minds, it is critical that young people learn about these substances and learn to avoid the dangers they pose.

Activities:

Have students generate a list of dangers they can think of for people their age. Someone should write the dangers on the chalkboard. Once the list has been developed, leave it visible for the rest of the activity time. Divide the class into groups of four students. Give one of the "dangers" from the list to each group and have them discuss how to avoid the danger. Have each small group share with the whole class their ways of saying no to danger. In a succeeding class period have the same small group create a poster depicting the danger and how to avoid it, for example, wearing a helmet to avoid the danger of head injury from bicycle accidents. These posters should be displayed throughout the school.

Resources:

For this lesson it will be necessary to have a chalkboard or large flip chart for recording the "dangers" list. Small groups will need poster board or paper, crayons, pencils, and magazines from which to cut out pictures.

Teacher Tips:

This lesson is very important for keeping children drug free. It is also important for dealing with other areas of great national concern—sexually transmitted disease, violence, suicide, and other dangerous behaviors. It is critical that inhalant use, especially in the form of common substances such as glue, hair spray, and typewriter correction fluid, be understood as very dangerous. Students of this age need to be aware they cannot experiment with these substances without placing themselves in great danger.

Saying No to Danger!

7–8 Lesson Plan

What a Thrill!

Objective:

To learn that exciting, thrilling times in one's life come from many sources and in many forms. To understand that these exciting, thrilling times do not need to be induced by an outside source or substance.

Background:

Youth in our society receive messages about how life can be from many sources. Many of these messages suggest that purchasing a particular product or participating in a particular activity brings fun and excitement to lives that are dull and humdrum. The "real" meaning of these messages is that life is not exciting in itself and one cannot experience thrills and excitement without help. Substance use—especially alcohol, tobacco, marijuana, inhalants—is presented to youth as a source of thrills and excitement. Youth of this age need to understand that staying drug free during these years greatly increases the chances they will remain drug free throughout their lives. They need also to understand that their lives have fun, excitement, and thrills built in as they grow, develop, mature, and experience. Reading a book, writing a poem, jogging around the block, baking a cake, putting together a puzzle, joining a choir, watching a bird make a nest, or helping someone in need can be exciting when approached with the proper attitude. Thrills which come from outside sources are often very short-lived. Youths need to see themselves as in charge of the excitement of their lives as well as all other aspects of their lives.

Activities:

Have the students write or draw something depicting an exciting experience in their lives which did not cost anything to do. (Because the primary purpose of this activity is to help young people realize that they do have exciting, thrilling lives, it is important that all their ideas be considered acceptable.) Be sure they explain why they chose the activity and what made it exciting/thrilling to them. Some students may choose to describe this exciting time in an essay, some in a poem, and some may create a montage or other piece of art. As they are working on this activity, allow them to share what they are doing with each other. Once the activity is completed ask some of the students to share what they did or wrote about with the whole class. Focus students' attention to the fact that the thing being shared was exciting/thrilling without substances or outside stimulation. Encourage the students to take their work home and share it with their families.

Resources:

Time devoted to this activity is the primary resource. With the teacher providing some background, students should be allowed an entire class period to work on the project. If students choose to do a montage or other piece of artwork, it will be necessary to have appropriate supplies such as paper, pens, pencils, crayons, and magazines to cut up. In addition, it is important that students be allowed to talk with each other as they work.

Teacher Tips:

This activity will present a challenge to some students. Teachers may need to offer ideas about exciting times in order to stimulate students' thinking. The drawing on the reverse side of this page illustrates some possible examples. It is extremely important that the students realize that the excitement was generated by themselves and what they were doing/accomplishing, not by an outside stimulant such as a drug. Note that more often use of substances lessens the excitement/thrill. Save the excitement in your life—don't dull it with drugs.

What a Thrill!

9–12 Lesson Plan

"And besides, hair spray is not a drug"

Objective:

To understand that some commonly available things are drugs even if we do not think of them that way. To know that we all can be confused by this fact, especially younger children and youths.

Background:

Inhalants such as glue, hair spray, and typewriter correction fluid are extremely destructive to growing bodies and developing minds. Because these substances are readily available and inexpensive, some do not classify them as drugs. As a result, parents and youths may be vulnerable to these destructive substances through lack of knowledge and understanding. There is no question that inhalant use is dangerous. The toxic effects are very clear even if they are often not communicated well. Equally clear is the reality that inhalant use is often coupled with other drug use and that those who use inhalants early have a much greater likelihood of becoming involved with other illegal and illicit substances. Therefore, it is very important that a message about the serious danger of inhalant use be provided to children, youth, parents, and all others who have influence and control over these growing, developing individuals.

Activities:

This activity is designed to provide the message that inhalants are dangerous even though many do not know, understand, or accept this danger. The task of this activity is to communicate the dangers of inhalants to a "world" which does not necessarily even believe that their use is substance abuse. Divide the class into small groups of about five or six students. Have each group create a skit, develop an advertising campaign, or develop posters explaining to the "world" that inhalants are drugs and they are very dangerous. Each group will have to decide what they need to communicate and how they will measure their success in having their ideas accepted. This activity could take more than one class period. Once it is completed, each group should share their work and the rest of the class should critique it with regard to effectiveness, appeal, originality, and potential result. The results of the work should be shared with younger students in middle and elementary school, with parents, and with the larger community at PTA meetings, service club meetings, and in display areas in malls or other places.

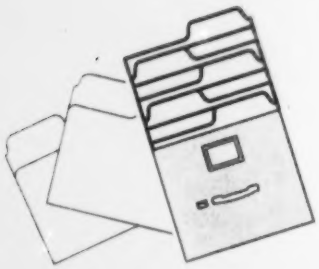
Resources:

This activity may require several class periods to complete. If a group chooses to have visual aspects to their product, pens, pencils, crayons, paints, and old magazines will be needed.

Teacher Tips:

This lesson has the potential to be tied to other lessons where communicating a correct, accurate message is the focus. Such lessons help students become more critical in reviewing messages from newspapers, magazines, television, music, movies, and other sources. In addition, they will become more effective in communicating their own feelings, knowledge, problems, and needs to others by examining how to make the message regarding inhalants listened to and understood.

"And besides, hair spray is not a drug"



Adolescent Drug Use Rises

Drug use among American young people has been making a clear comeback in the past two years, according to research scientists Lloyd Johnston, Patrick O'Malley, and Jerald Bachman at the University of Michigan's Institute for Social Research.

Findings from the most recent Monitoring the Future Study of 8th-, 10th-, and 12th-graders show that illicit drug use by adolescents increased significantly between 1992 and 1993, representing a reversal of downward trends observed for several years.

The investigators found a sharp rise in marijuana use throughout the country at all three grade levels, as well as an increase in the use of stimulants, LSD, and inhalants. They also note an increase in cigarette smoking in all three grades.

"Last year we reported an upswing in the use of a number of drugs among the 8th graders," Johnston said, "and at the same time some important attitudes and beliefs about drugs began to soften in all three grades. These attitudes and beliefs—specifically, the dangers believed to be associated with the use of these drugs, as well as personal disapproval of using them—play a critical role in deterring use. When they begin to soften, as they did last year, an increase in use can be expected." These attitudes softened still more in 1993.

"These findings are more than a warning signal," Health and Human Services Secretary Donna Shalala said. "They are an urgent alarm we must heed at once. Every new generation of young people needs to hear and understand the same clear and unambiguous message: Drugs are harmful. Drugs are deadly. Drugs are illegal. Drugs will destroy your life."

The Monitoring the Future Study, now in its 20th year, is funded under a series of grants from the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health, Department of Health and Human Services. It addresses a broad array of research objectives, including measuring and explaining changes in drug use among American young people. At present, approximately 50,000 students in more than 400 schools are surveyed annually. They constitute nationally representative samples of all 8th-, 10th- and 12th-grade students in the coterminous United States.

Here are some key findings from the 1993 study released in January 1994.

Marijuana: The proportion of 8th-graders using marijuana has increased by half in the last two years, while the proportion of 10th-graders increased by about a quarter and the proportion of 12th-grader users by about a fifth. "These rates are still well below the peak levels reached in the late 70s," Johnston said, "but they clearly represent a reversal of the declines we recorded for more than a decade."

LSD: Driven by concerns about its harmful effects, LSD was one of the earliest drugs to fall from favor in the epidemic of the last 15 years. Now, however, use has been increasing gradually at all three grade levels. "Today youngsters may need to learn the same lessons the hard way, since they have had fewer firsthand opportunities to learn from events about them," Johnston said. "Of course, there is an alternative: We could do a better job educating and persuading them than we have been doing in the last few years."

Inhalants: The use of inhalants (like glues, solvents, and aerosols) also rose in the past two years at all three grade levels. Inhalants are unusual in that they are most likely to be used actively in the earlier grade levels, the investigators note. For example, 11 percent of the 8th-graders (one in every nine) reported using an inhalant in the previous year, compared with 8 percent of the 10th-graders and 7 percent of the 12th-graders.

Stimulants: This class of drugs, composed of the prescription-controlled amphetamines, was at one time the second most widely used after marijuana. Stimulant use began to fall from favor after 1981 perhaps, in part, because of the growing popularity of cocaine. However, use has risen at all three grade levels over the past one to two years.

"Certainly, the combination of drugs now growing in popularity—marijuana, LSD, and amphetamines—is reminiscent of what was popular in the early days of the drug epidemic," observes Johnston. "Other drugs then followed in popularity. I certainly hope that we are not seeing a rebirth of the old epidemic."

Trends in Annual Prevalence of Selected Drugs

	Eighth Grade			Tenth Grade			Twelfth Grade		
	'92	'93	% change	'92	'93	% change	'92	'93	% change
Marijuana	7.2	9.2	+2.0	15.2	19.2	+4.0	21.9	26.0	+4.1
Inhalants	9.5	11.0	+1.5	7.5	8.4	+0.9	6.2	7.0	+0.8
Hallucinogens	2.5	2.6	+0.1	4.3	4.7	+0.4	5.9	7.4	+1.5
LSD	2.1	2.3	+0.2	4.0	4.2	+0.2	5.6	6.8	+1.2
PCP	—	—	—	—	—	—	1.4	1.4	0.0
Cocaine	1.5	1.7	+0.2	1.9	2.1	+0.2	3.1	3.3	+0.2
Stimulants	6.5	7.2	+0.7	8.2	9.6	+1.4	7.1	8.4	+1.3
Tranquilizers	2.0	2.1	+0.1	3.5	3.3	−0.2	2.8	3.5	+0.7
Alcohol	53.7	51.6	−2.1	70.2	69.3	−0.9	76.8	76.0	−0.8
Cigarettes[1]	15.5	16.7	+1.2	21.5	24.7	+3.2	27.8	29.9	+2.1
Spit Tobacco	7.0	6.6	−0.4	9.6	10.4	+0.8	11.4	10.7	−0.7
Steroids	1.1	0.9	−0.2	1.1	1.0	−0.1	1.1	1.2	+0.1

[1] Annual prevalence data for cigarettes are not available. Figures given are 30-day prevalence.

Source: Monitoring the Future Study, 1993

Assessing and Monitoring Drug Problems

A core trait shared by safe, disciplined, and drug-free schools is recognizing, assessing, and monitoring student drug use problems. Here, administrators from two schools describe how their schools approached the task.

In 1987, the staff of Princess Nahienaena Elementary School in Lahaina, Hawaii, was jolted by the results of a statewide Department of Education survey of 6th-, 8th-, 10th-, and 12th-graders that indicated widespread drug use among respondents. The Princess Nahienaena staff then surveyed their own students to assess attitudes and use of drugs. Responses showed that these elementary students were woefully unaware of the negative effects of tobacco, alcohol, and other drugs, and knew little about prevention. A survey of parents revealed that their awareness levels were no higher than those of their children.

Princess Nahienaena staff quickly adopted a plan to inform students and parents about drug prevention and safety programs through school meetings, parent newsletters, open houses, PTA programs, and joint community meetings with all public and private schools in the community.

"Those initial steps—a survey and an action plan to increase awareness—taken by then principal Michael Nakano proved to be the foundation of the program we have today," according to his successor Sandra Shawhan. Ongoing assessment, she said, is "the only way to keep the program focused and strong."

Piedmont High School, Piedmont, Alabama, like most high schools in the late 1980s, included materials to prevent tobacco, alcohol, and other drug use in its curriculum. In 1988, to meet state guidelines, it gave 7th-, 9th-, and 11th-grade students surveys prepared by the Alabama Department of Education.

When Joe Lightsey, a drug prevention expert from the state office, met with the Piedmont staff to analyze the results, it became immediately clear that the school's curriculum offerings were inadequate.

Survey results showed that in Piedmont, a town of 5,200 residents, drugs were easy to come by. More than 200 teenagers were at risk of both academic failure and drug use. Armed with the implications of their research, Piedmont High School and the community swung into action.

Under the leadership of school and district administrators, the chief of police, and a student who had attended a drug prevention conference, Piedmont dropped its ad hoc approach and decided to create a comprehensive program to reach into the entire community. An awareness advisory council was formed whose members—parents, teachers, administrators, students, local crime prevention officers, and interested citizens—used the survey results to create a communitywide policy and outline steps to implement it. To keep tabs on the program's success, the advisory council surveys the student body quarterly.

Surveys are only one way to identify and monitor a problem. Informal assessment, such as staff observation and analysis of discipline referrals, attendance, grades, extracurricular participation, and student performance, are equally important.

Here are some suggestions for choosing, implementing, and interpreting survey results.

When you choose a survey...

- Consider those that have been created by professionals and comply with federal, state, or local agency requirements regarding student, staff, and family privacy.
- Check for questions that yield baseline data that can be easily measured and monitored as often as necessary. Include questions that can help you establish the age at which students begin using alcohol, tobacco, and other drugs; the number of students currently using drugs and the types of drugs they use;

how and the ease with which students obtain drugs; and reasons why students start taking drugs.

- Make sure the survey is anonymous to increase the likelihood that students will answer honestly.

Before you survey...

- Have your school's attorney review the survey to ensure it complies with federal, state, and local privacy laws or regulations. Specifically, seek the attorney's advice on whether the survey is subject to the Protection of Pupil Rights Amendment's (20 U.S.C. §1232h) requirements regarding parental notification, review, and prior consent.

- Ask a research professional to review the survey to ensure that the data it will yield are of the type needed to inform policy and program decisions. Local universities are good sources of trained consultants.

- Gain the support of the school board, superintendent, parents, and community.

- Involve students, school staff, and parents in survey planning. Discuss their perceptions of issues related to tobacco, alcohol, and other drug use and their availability on campus.

- Meet with parents and other community members to discuss their views of student drug use.

- Talk with local law enforcement officials about the extent of drug use within your community.

After you survey...

- Ask a research professional to assist you in analyzing the results and in drawing conclusions that may have an impact on the direction of your policy and program.

- Be open and willing to discuss the results. Meet with the entire school staff—from teachers to coaches and custodians. Share your findings with students, parents, and community members. Disseminate the results in a variety of ways. Hold general meetings, send home newsletters, and involve the local media.

- Use the data as a baseline against which to build your program and to evaluate its success. Put one person or a task force in charge of keeping records of survey results for ongoing evaluation.

- Use the results to encourage local law enforcement and other community agencies to pinpoint ways these groups can work together to meet National Education Goal Seven—by the year 2000, all schools will be safe, disciplined, and drug free—in your community.

The U.S. Department of Education has produced "Understanding Evaluation: The Way to Better Prevention Programs" to help schools plan and implement program evaluations. Copies are available free from the National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, Maryland 20847-2345.

Goals 2000 Adds Two New National Goals for Education

Goals 2000: Educate America Act, signed into law by President Clinton in March provides resources to states and communities to develop and implement comprehensive education reforms aimed at helping all students reach challenging academic and occupational standards.

The legislation also codifies the original six National Education Goals and adds two new goals. They are:

By the Year 2000

- All children in America will start school ready to learn.
- The high school graduation rate will increase to at least 90 percent.
- All students will leave grades 4, 8, and 12 having demonstrated competency over challenging subject matter including English, mathematics, science, foreign languages, civics and government, economics, the arts, history, and geography, and every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning, and productive employment in our nation's modern economy.
- United States students will be first in the world in mathematics and science achievement.
- Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.
- Every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and will offer a disciplined environment conducive to learning.
- The nation's teaching force will have access to programs for the continued improvement of their professional skills and the opportunity to acquire the knowledge and skills needed to instruct and prepare all American students for the next century.
- Every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional, and academic growth of children.

The Drug-Free Schools and Communities Regional Centers Program

The Regional Centers Program is funded by the U.S. Department of Education to help schools and communities eliminate the use of alcohol and other drugs by young people.

Where are the regional centers located?

Each regional center has responsibility for specific States and territories. This list will guide you to the one for your area.

Northeast Regional Center for Drug-Free Schools and Communities
12 Overton Avenue
Sayville, NY 11782
(516) 589-7022
FAX: (516) 589-7894
Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont

Southeast Regional Center for Drug-Free Schools and Communities
Spencerian Office Plaza
University of Louisville
Louisville, KY 40292
(502) 588-0052
FAX: (502) 588-1782
Alabama, District of Columbia, Florida, Georgia, Kentucky, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, Virgin Islands, West Virginia

Midwest Regional Center for Drug-Free Schools and Communities
1900 Spring Road
Oak Brook, IL 60521
(708) 571-4710
FAX: (708) 571-4718
Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin

Southwest Regional Center for Drug-Free Schools and Communities
The University of Oklahoma
555 Constitution, Suite 138
Norman, OK 73037-0005
(800) 234-7972
FAX: (405) 325-1824
Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Utah

Western Regional Center for Drug-Free Schools and Communities
101 SW Main Street, Suite 500
Portland, OR 97204
(503) 275-9480
FAX: (503) 275-9489
Alaska, American Samoa, California, Federation States of Micronesia, Guam, Hawaii, Idaho, Kosrae, Marshall Islands, Montana, Nevada, Northern Mariana Islands, Oregon, Pohnpei, Republic of Palau, Truk, Washington, Wyoming, Yap

Toll-free Numbers

1-800-729-6686
National Clearinghouse for Alcohol and Drug Information

A centralized source for information about alcohol and other drugs, including publications, fact sheets, posters, and videotapes. NCADI is sponsored by the Center for Substance Abuse Prevention, U.S. Department of Health and Human Services and supported by the U.S. Department of Education. Most services are provided free.

1-800-HELP
Drug Abuse Information and Treatment Referral Line

Provides confidential discussion and/or referrals, information related to drug use, treatment, support groups, and other services. Sponsored by the National Institute on Drug Abuse, U.S. Department of Health and Human Services.

1-800-843-4971
Drug-Free Workplace Helpline

Answers questions and provides assistance to business, industry, and the work force on the development and implementation of comprehensive drug-free workplace programs.

1-800-788-2800
Federal Drug, Alcohol and Crime Clearinghouse Network

Serves as a single point of entry for all Federal alcohol and drug clearinghouses. Sponsored by the Office of National Drug Control Policy in cooperation with the Department of Health and Human Services, the Department of Justice, the Department of Housing and Urban Development, and the Department of Education.

Drug Information Sources

714-499-3889
National Association for Children of Alcoholics

A source for books, pamphlets, and handbooks for children of alcoholics. Conducts regional workshops and provides a directory of local members and meetings.

1-800-258-2766
Just Say No Foundation

Supports a network of Just Say No Clubs. Provides support and positive peer reinforcement to students through workshops, seminars, a newsletter, and other activities.

314-968-1322
National Federation of Parents for Drug-Free Youth, Inc.

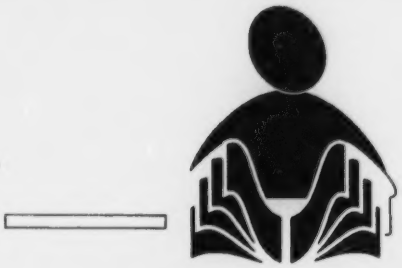
Helps parent groups get started and stay in contact. Publishes a newsletter, legislative updates, and resource lists.

212-758-8060
American Council for Drug Education

Organizes conferences; develops media campaigns; reviews scientific findings; publishes books, a quarterly newsletter, and education kits.

Regional Centers for Drug-Free Schools and Communities
Northeast, 516-589-7022
Southeast, 502-588-0052
Midwest, 708-571-4710
Southwest, 800-234-7972
Western, 503-275-9480

Provides technical assistance to schools and communities to help them assess problems, develop training programs, evaluate programs, and coordinate and strengthen policies and programs in schools. Supported by the U.S. Department of Education.



Resources

The Department of Education does not endorse any private or commercial products or services, or products or services not affiliated with the Federal Government. The sources of information listed below are intended only as a partial listing of the resources that are available to readers of "The Challenge." Readers are encouraged to research and inform themselves of the products or services relating to alcohol, tobacco, and other drug abuse that are available to them.

Resources Available from the National Clearinghouse for Alcohol and Drug Information

Alcohol, Tobacco, and Other Drugs Resource Guide on Inhalants This guide references prevention materials, research abstracts, and organizations relevant to inhalants. Derived from the data base of the National Clearinghouse for Alcohol and Drug Information, the Guide is designed for those who work with children, teens, and adults. (MS466)

NCADI Catalog This catalog is a one-stop shop for all your ATOD prevention needs. Hundreds of posters, books, pamphlets, and reports are described in this user-friendly catalog. Prevention specialists, teachers, health care providers, and others would benefit from taking advantage of this valuable resource. (EN8400)

***Prevention Pipeline* Order Form** *Prevention Pipeline* is a bimonthly publication developed by the Center for Substance Abuse Prevention. It offers current information about preventing ATOD problems and is widely read by educators, researchers, policymakers, prevention specialists, and community organization planners. A 1-year subscription is available for $20. (EN8210)

Tips for Teens About Inhalants Written specifically for teens, this pamphlet offers information about the effects of using inhalants and provides resources that are available for assistance. This pamphlet is one of six in a series that addresses the dangers and consequences of using harmful substances. (PHD631)

Other Resources

NCADI maintains several data bases, including the Prevention Materials Data Base (PMD), which serves as a central point of access to thousands of Government and privately funded ATOD prevention materials developed across the country. The following items have been identified through the PMD and are available from the organizations listed.

About Inhalants This booklet, illustrated with sketches, looks at the different types of inhalants and explains how misuse of certain household products can cause suffocation, heart problems, and injuries. The booklet lists signs of inhalant use and teaches different ways to refuse peer pressure. Youth are advised to speak with a school counselor if they need help or information. Other resources are also listed.
Availability: $1 each (bulk quantities discounted); Channing L. Bete Company, Inc., 200 State Road, South Deerfield, MA 01373, 1-800-628-7733

Inhalants: What You Should Know This brochure discusses the dangers of inhalant use, or sniffing, and mentions several household items that can be misused to get "high." The brochure looks at the short-term and long-term effects of sniffing and lists several potential signs of inhalant use, such as disappearing plastic bags, strong odors, and paint or glue on the face or clothing.
Availability: 1-25 copies free; National Family Partnership, 11159-B South Towne Square, St. Louis, MO 63123-7824, 314-845-1933

Inhalants and Their Effects This booklet explains how inhalants affect the brain and other parts of the body. It states that long-term inhalant users are at an increased risk for cancer and that youth are particularly vulnerable to the dangers of inhalants. The booklet also looks at reasons why people may begin using inhalants.
Availability: $1.50 each (bulk quantities discounted); Life Skills Education, 226 Libbey Parkway, Weymouth, MA 02189, 1-800-783-6743

Inhalants This tri-fold brochure states that nearly 600 common household, workshop, and office products are dangerous when inhaled. It lists the different types of inhalants, their street names, and their appearance. The brochure discusses the effects, risks, and signs of sniffing. Suggestions on where to seek help are also included.
Availability: 50 for $15 (bulk quantities discounted); Performance Resource Press, Inc., 1863 Technology Drive, Suite 200, Troy, MI 48083-4244, 313-588-7733 or 1-800-453-7733

Inhalants: Mind-Altering Drug Series This booklet provides a summary of facts and statistics on inhalant use. It lists street names, short- and long-term effects, and reasons why people begin to use inhalants. Topics, such as inhalants and driving, inhalants and pregnancy, and inhalants and AIDS, are discussed.
Availability: 25 for $16 (bulk quantities discounted); Wisconsin Clearinghouse, P.O. Box 1468, Madison, WI 53701-1468, 1-800-322-1468

Inhalants: The Quick, Deadly High Illustrated with cartoon sketches, this brochure discusses inhalant use and lists several common inhalants that can be found in the home. The brochure also looks at the use of such inhalants as nitrous oxide, freon, butyl nitrite, and amyl nitrite. Common questions about inhalants are answered and suggestions on how to reduce the demand for abused substances are offered.
Availability: $1.25 each (bulk quantities discounted); Health Edco, P.O. Box 21207, Waco, TX 76702-1207, 1-800-299-3366

Inhalants: The Tricky Drugs Hosted by two teenagers, this video teaches young people about the dangers of using inhalants. It explains the signs and effects of inhalant use and portrays convincing ways of resisting peer pressure. The video is designed to enhance self esteem and advises youth to turn to a trusted friend for support and guidance instead of turning to drugs.
Availability: $165 each; Syndistar, Inc., 125 Mallard Street, Suite A, St. Rose, LA 70087-9471, 1-800-841-9532

Resources

Inhalants: Sniffing Your Way to Addiction For many drug users under 16 years of age, inhalants are the drug of choice. This video focuses on inhalant use among youth and stresses that the use of inhalants can lead to other drug use, addiction, and death, including a syndrome known as Sudden Sniffing Death (SSD).
Availability: $249 each; Altshul Group, Visions Video Production, Inc., 1560 Sherman Avenue, Suite 100, Evanston, IL 60201, 708-328-6700 or 1-800-323-9084

Just the Facts...Inhalants This fact sheet looks at the different types of inhalants, the signs and symptoms of inhalant use, the patterns of inhalant use, how inhalants affect the body, and how tolerance develops. It warns that inhalants are often used in conjunction with alcohol and marijuana and may indicate a high level of drug involvement. The fact sheet looks at special at-risk populations, including teenagers, pregnant women, and certain ethnic groups.
Availability: Free; Florida Alcohol & Drug Abuse Association, 1030 East Lafayette Street, Suite 100, Tallahassee, FL 32301-4559, 904-878-2196

Inhalants This fact sheet answers questions about inhalants and states that inhalants can cause bone marrow damage, drastic weight loss, impairment of memory, and even sudden death. The fact sheet explains that because inhalants are readily available and inexpensive, they are most often abused by youth between the ages of 7 and 17.
Availability: 5¢ each plus shipping; Michigan Substance Abuse and Traffic Safety Information Center; 2409 East Michigan Avenue, Lansing, MI 48912, 517-482-9902

A Wasted Breath: Kids on Inhalants Recovering teenagers in this video tell viewers about the devastating effects that inhalants had on their lives. The video features children of diverse ethnic/racial backgrounds and shows a classroom instructor advising students how to resist peer pressure.
Availability: $150 each ($50 rental); Media Projects, Inc., 5215 Homer Street, Dallas, TX 75206, 214-826-3863

Inhalant Prevention This brochure defines inhalants as "home poisons." The brochure provides symptoms of abuse and lists four main reasons why youth begin sniffing. Parents are advised to maintain close supervision of children, watch for signs of use, and read labels of household products as ways to prevent inhalant use by their children.
Availability: 25 cents each; Drug Prevention Resources, 5525 MacArthur Boulevard, Suite 450, Irving, TX 75038, 214-518-1821

NCADI Publications Order Form

National Clearinghouse for Alcohol and Drug Information
1-800-729-6686 or 301-468-2600
TDD 1-800-487-4889
Internet: info@prevline.health.org

The following items are available from the National Clearinghouse for Alcohol and Drug Information. To order publications or talk with an information specialist, call NCADI: 1-800-729-6686. Or send this order form to NCADI, P.O. Box 2345, Rockville, MD 20847-2345.

_____MS466	Alcohol, Tobacco, and Other Drugs Resource Guide on Inhalants
_____EN8210	*Prevention Pipeline* Order Form
_____EN8400	NCADI Catalog
_____PHD631	Tips for Teens About Inhalants

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone ( ) _____

Federal Drug, Alcohol and Crime Clearinghouse Network
1-800-788-2800

The Office of National Drug Control Policy, in cooperation with the U.S. Department of Health and Human Services, the U.S. Department of Justice, the U.S. Department of Housing and Urban Development, and the U.S. Department of Education, has established the Federal Drug, Alcohol and Crime Clearinghouse Network, which serves as a single point of entry for all Federal alcohol and drug clearinghouses. The Network provides a wide array of information, resource material, and other services including:

A centralized source for the latest alcohol and other drug information and prevention and treatment materials ***(National Clearinghouse for Alcohol and Drug Information**--U.S. Department of Health and Human Services, U.S. Department of Education)*

A comprehensive resource for information on drugs and crime ***(Drugs & Crime Data Center & Clearinghouse**--U.S. Department of Justice)*

Immediate information on where to find treatment for drug abuse, support groups and services ***(Drug Abuse Information and Treatment Referral Line**--U.S. Department of Health and Human Services)*

Detailed information on development and implementation of drug free workplace programs ***(Drug Free Workplace Helpline**--U.S. Department of Health and Human Services)*

The most current information available on national and community based programs on prevention and control of drug abuse in public and assisted housing ***(Drug Information & Strategy Clearinghouse**--U.S. Department of Housing and Urban Development)*

Up-to-date information on AIDS, drug abuse, and drug abuse prevention ***(CDC National AIDS Clearinghouse**--U.S. Department of Health and Human Services)*

Comprehensive information on criminal justice issues on the national and international level ***(National Criminal Justice Reference Service**--U.S. Department of Justice)*

1-800-788-2800

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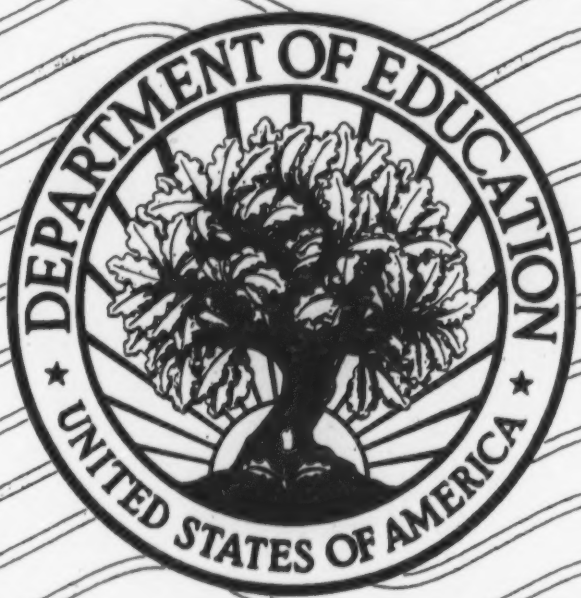
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